

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2003 8:00 am
Secretary of State

8/7/
1/31

08-07-2003 90093 001 ***100.00
01-31-2003 90065 007 ****55.00

DOCUMENT # L02000020600

1. Entity Name

HIBISCUS OF LEE COUNTY, LLC



Principal Place of Business

Mailing Address

**3447 SABAL SPRINGS BOULEVARD
NORTH FORT MYERS FL 33917**

**3447 SABAL SPRINGS BOULEVARD
NORTH FORT MYERS FL 33917**

2. Principal Place of Business

3347 SABAL SPRINGS BLVD

3. Mailing Address

3347 SABAL SPRINGS BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. FORT MYERS, FL

City & State

N. FORT MYERS, FL

Zip

33917

Country

USA

Zip

33917

Country

USA

4. FEI Number

3311054165

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MANAGING MEMBER** ☐ Delete
NAME **FLASH HOLDING USA CORP.**
STREET ADDRESS **3347 SABAL SPRINGS BLVD**
CITY-ST-ZIP **N-FORT MYERS, FL 33917**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE OF AUTHORIZED REPRESENTATIVE PRESIDENT OF FLASH HOLDING USA CORP

Date

Daytime Phone #

07-22-2003 (281) 731-3200

CP2E083 (4/03)